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Madhavi Singh, MD

Abstract

This perspective article shares the experience of my teaching role as a clinical faculty in the newly designed regional campus curriculum of the inaugural class at the University Park Regional Campus of Penn State College of Medicine.

I was thrilled to have our first class of Penn State College of Medicine at the University Park Regional Campus. From the beginning, the opportunity to be around medical students was an exhilarating idea. For the first time, the knowledge I obtained from hours spent during one and half years of 'basic science courses' in dissection hall and physiology labs was going to come in handy. The pages of book of physiology were strolling through my mind, and the anatomy book diagrams were so vividly stimulating my amygdala.

While the students were immersed in the clinics right away, as a practicing family physician who practices both inpatient and outpatient medicine, I was in the perfect position to help these young, naïve minds soak up as much as they could. They learned the whole gamut of medicine from the complex physiology of acid-base balance to the basic anatomy of a thumb's range of motion being reversed.

The 12 students, who were all very intelligent, competent, self-dependent, and ready to explore the world of medicine, brought a lot of joy. Unlike the traditional system, the first-year curriculum involved students spending a lot of time in the clinics, seeing every aspect of them function to unique patient interaction. In their didactic session they brought cases from the clinics to learn about illnesses from A to Z. Here, Z is the value-based treatment where they looked up the costs of every medication, procedure, or anything that entailed the treatment plan.

Their time in clinics interspersed with didactic session slowly started to unfold the magical Pandora's box of medical knowledge. They explored the possibility of getting involved in different research projects at the main campus of Penn State University, while also involving themselves in multiple community service projects. Every moment of their lives seemed to be filled with enthusiasm.

I was going along with this fun ride until I learned that the following year they were to start their clinical rotations. Now, I was terrified. How in the world could they learn enough in one year to function during clinical rotations? Regardless, I didn't have any time to waste. Game on! I went at it like it was a war to win. While their didactic session tried to cover a lot, I was attempting to run a parallel show from the new age techniques, through emails and social media using *What's App* and *Group Me*. I created group chats and started to teach many basics, like what an echocardiogram report looks like and how liver function test are different in hepatocellular versus cholestatic disease, etc.

At this point one might question how this curriculum is different from the traditional medical education that most of us received. Well, the difference here was the story attached to each of these test results, lab values, EKGs, and CT scans – stories of patients who the students would have interacted with created a way to connect the dots of medical complexities.

The whole intention of the new/reversed curriculum was to allow students to learn medicine directly from patients. The knowledge gathered directly from patient's stories has had a deeper impact on their learning, which I felt was the best part of this education model. Apart from using the senses vision and hearing in a classroom, interacting with patients bridged many more pathways in their brains, connecting different facets of health and illnesses. Additionally, each student connected with patients in different ways depending on their core personalities.

So far, the experience of working with the regional campus students has made me ecstatic. While the first class is now finishing up their second year taking different shelf exam, I keep thinking that I wish I was trained with this type of curriculum and wasn't stuck in the big classrooms, day after day, with no real patient experience for such a long time!

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